



Hold on! It's Not Too Late To Get Your Influenza Shot!



The influenza season is just kicking off and there are still lots of Montanans who have not received their influenza shots. The flu season in Montana usually runs from November to May so there is still time to protect yourself and your communities. There are no reports from the vaccine manufacturers stating there is a shortage of the influenza vaccine this year. In fact, there is plenty to go around. As many as 132 million total doses of vaccine could be produced by the end of the 2007-2008 influenza seasons. An average of 5 to 20 percent of the U.S. population is infected with influenza each year. It is estimated that 36,000 deaths and more than 200,000 hospitalizations from influenza related complications occur within a typical year. Remember close contacts of high risk persons, such as other household members, caregivers, and healthcare personnel should get vaccinated in order to protect their loved ones or those they care for. Vaccination is also encouraged for anyone who wants to decrease his or her risk of getting the flu.

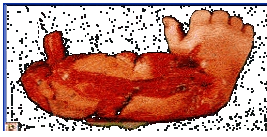
As of December 11, 2007 there have been confirmed cases of Influenza A reported in Gallatin, Missoula, Hill, Sheridan, Blaine, and Cascade counties. We do have one confirmed case of Influenza B in Missoula County. The influenza season is just beginning.

If you need more VFC Flu vaccine please contact Liz LeLacheur at 444-0277. Please remember, the number of influenza cases in Montana generally peak in February or March.

Recall on PedvaxHIB® and COMVAX® vaccine: On December 12, 2007, Merck & Co., Inc. announced a voluntary recall of ten lots of PedvaxHIB® and two lots of Comvax®. Lots have been distributed to providers through the Vaccines for Children (VFC) Program as well as purchased directly from Merck or Merck distributors. No potency concerns have been identified with these vaccine lots. Individuals who received vaccine from these lots should complete their immunization series with a *Haemophilus influenzae* type b conjugate vaccine not affected by this recall. There is no need to revaccinate a person has received a dose from a recalled lot. All of the effected lot numbers are to be returned to Stericycle, a company contracted by Merck to facilitate this process. Stericycle's address, phone number, and instructions on returning the effected vaccines are on our website at www.dphhs.mt.gov/PHSD/Immunization/immune-index.shtml . Our website also includes a list of lot numbers that are being recalled and the Wasted and Expired Vaccine Return Form. If you have any questions please contact the Immunization Program at 444-5580.

A RIGHT OF PASSAGE for CHILDREN? THINK AGAIN

Necrotizing Fasciitis after chickenpox



Usually the worst part of having chickenpox is an incredibly itchy rash that will start on the head and trunk, but can spread all over the body—even inside the ears and mouth. Scratching chickenpox can cause the sores to become infected. It was noticed several years ago that a lot of serious group A strep infections were occurring after chickenpox. A study, done in Canada, revealed that the relative risk of developing an invasive group A strep infection is about 50 times higher in the 1-month period after chickenpox than in any other point in a child's life. By invasive group A strep, is meant, necrotizing fasciitis (flesh-eating strep), overwhelming group A strep infection, or toxic shock syndrome. Why? One answer is that there are more virulent group A Strep serotypes around these days and the lesions of varicella allow entry of the group A strep into the bloodstream. When the numbers were crunched, it turns out that about 15% of invasive group A strep infections are secondary to chickenpox.

The risk of encephalitis [from chickenpox] is not high (about one in 10,000) but



there is no risk of getting it with the vaccine. Eventually someone, unvaccinated, becomes one of the statistics.

THINK ABOUT THIS

Before licensure of the varicella vaccine in 1995, each year there were about four million cases of varicella, 13,500 hospitalizations and 150 deaths; mostly in previously healthy children and adults. According to a recent article in the Journal of the American Medical Association (JAMA. 2007; 298(18):2155-2163) cases of varicella have steadily declined by 85 percent since vaccine licensure. Varicella hospitalizations declined by 88 percent and deaths have been cut by 81.9 percent. According to the 2006 National Immunization Survey (NIS) the national varicella vaccine 1-dose coverage rate for 19-35 month olds is $89.3 \pm 0.7\%$. However, NIS state comparisons, places Montana coverage, in last place, at $76.2 \pm 6.2\%$.

AND THINK AGAIN

Currently fewer than 2% of adults older than 30 years, in the U.S. are susceptible to varicella. However, as vaccination coverage increases in children to 90% a greater proportion of cases will occur at older ages BUT the varicella disease burden will DECREASE for children and adults. If immunization rates remain low the number of susceptible adults will increase as will varicella disease contracted from UNIMMUNIZED children. Montana's birth cohort is ~11,300 each year, and a coverage level of ~76% leaves almost 3,000 children unimmunized for the first dose. For those receiving vaccine, another 10-30% will experience immunization failure since efficacy of the vaccine is placed at 70-90%. This may place a few hundred more children into the susceptible category. The accumulation of susceptible adults is additive for each year that passes. We can ill-afford to be complacent and shift varicella disease to an age where complications and case-fatality ratios are much higher.



News Alert!

Mumps in Canada - Mumps is occurring to our north in Canada, in young adults in Calgary and in post-secondary students in Lethbridge. Nineteen cases have been confirmed during the past month and a half in Calgary and 27 in Lethbridge. Since March, more than 900 cases have been confirmed in Canada, with the outbreak centered in Nova Scotia and New Brunswick. Maine is also experiencing an outbreak of mumps, the first since the 1980s, with seven confirmed cases since September and another one to two dozen possible cases as of November 19, 2007. Cases have ranged in age from the late teens to the late 50s. There are no reported or confirmed mumps cases in Montana. The mumps is a virus that causes fever and facial [parotid gland] swelling. The disease can lead to inflammation of the testes and, in rare cases, infertility and serious brain infections.

Now may be the time to remind people about the need for a second dose of MMR in certain populations, e.g., children entering kindergarten and grades 7-12; students in post secondary educational institutions; or people who travel internationally. Specific information on mumps vaccination, diagnosis, treatment, prevention and outbreak control activities can be found at <http://www.cdc.gov/vaccines/vpd-vac/mumps/>.

FDA Approves Expanded Age range for Menactra® : The U.S. Food and Drug Administration (FDA) recently expanded the approved age range for Menactra®, a bacterial meningitis vaccine to include children ages 2 to 10 years. Menactra® was first approved by FDA in January 2005 for people ages 11 to 55 years. Previously, Menomune ® was the only meningococcal vaccine available in the United States for use in children ages 2 years and older. Both vaccines offer protection against four groups of *Neisseria meningitidis*, the bacterium that can cause meningitis. CDC's Advisory Committee on Immunization Practices (ACIP) currently recommends meningococcal vaccination for children ages 2 to 10 years who are at increased risk of developing meningococcal disease, such as those who have had their spleen removed or whose spleen is not functioning; those with a medical condition called terminal complement component deficiency which makes it difficult to fight infection; and those who expect to travel to areas outside of the United States where the disease is common. Vaccination also is used to control outbreaks of bacterial meningitis. For more information, see the FDA Press Release at <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01729.html>. For the updated ACIP Meningococcal VFC Resolution go to <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/1007mening-mcv.pdf>.



Are You Administering your Vaccines Properly?

Appropriate vaccine administration is critical to vaccine effectiveness. When administering vaccine, make sure you check the dose, have the right route, site, and needle size. Remember when you give a subcutaneous injection, your needle size should be 23-25 gauge and injection must be at a 45 degree angle. If you are doing an intramuscular injection, you should be using a 22-25 gauge needle and injection is done at a 90 degree angle. The usual sites for vaccine subcutaneous administration are the thigh for infants less than 12 months of age and the upper outer triceps of the arm for persons older than 12 months of age. If necessary, the upper outer triceps area can be used to administer subcutaneous injections to infants. For intramuscular administrations, the recommended sites for vaccine administration are the lateralis muscle (anterolateral thigh) and the deltoid muscle (upper arm). The site depends on the age of the individual and the degree of muscle development. For more in-depth vaccine administration procedures, reference your 2007 CDC Epidemiology and Prevention of Vaccine-Preventable Diseases manual (the Pink Book) under Appendix D.

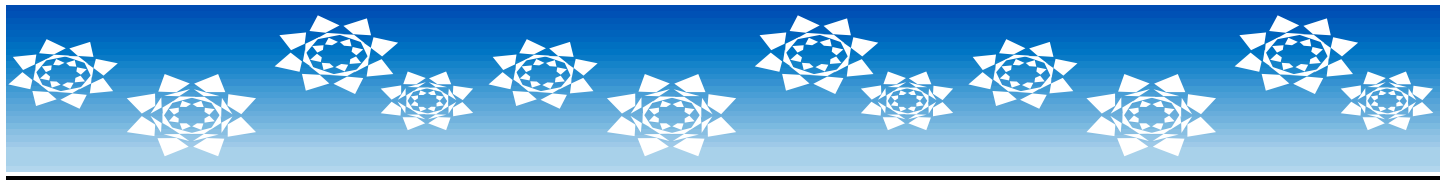


FluMist™ Update

On September 19, 2007, the Food and Drug Administration (FDA) approved the following changes for the live, attenuated influenza vaccine (LAIV), FluMist™

- Reduction in the volume of vaccine used to 0.1 mL per nostril,
- Reduction in the minimum dose spacing to 4 weeks for children who require 2 doses,
- Change in the temperature requirements for shipping and storage of the vaccine (now 2-8°C or 35-46°F)

LAIV is to be used for children and healthy adults. LAIV is not the vaccine of choice for children who have recurrent wheezing. The trivalent inactivated influenza vaccine, administered as an intramuscular injection, may be used for any person aged ≥ 6 months, including those with high-risk medical conditions.



Scrambled Health

Unscramble these four jumbles,
Use one letter to each square, to form
your answers. **Answers can be found on
the last page.**

CLASSIFICATION OF VACCINES

Taunted Tea

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A Deviant Tic

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Airhead Cyclops

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A Bent Micron

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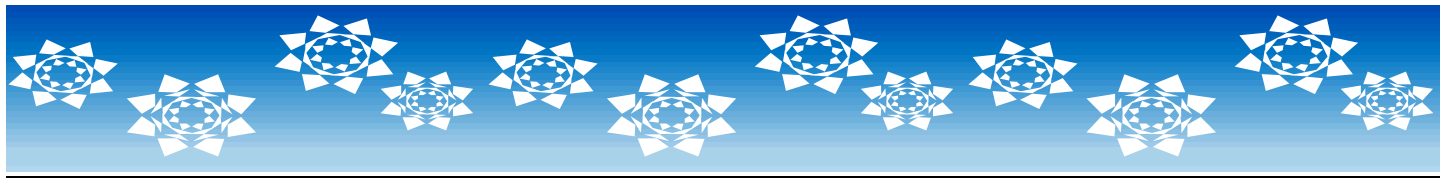
Here is a riddle for you:

The Deadly Riddler:

I can affect anyone, from the very young to the elderly. I can present myself in different forms, sometimes as a bacterium and sometimes as a virus. I can seize the lungs suddenly, or spoil them slowly. I kill more people in hospital intensive care units in the United States each year than heart attacks. What am I?



(Answer on last page)





Polio Fight Gets \$200 Million Injection



By Celia W. Dugger

India, Pakistan, and Afghanistan, along with the African nation of Nigeria, are the only countries where polio remains stubbornly endemic. The Bill and Melinda Gates Foundation announced that it was giving \$100 million to the Rotary Foundation of Rotary International to try to stamp out the crippling disease. Rotary, which has already contributed \$633 million to the fight, pledged to match the Gates' grant. Most of the money will be used for immunization.



ProQuad Vaccine

Earlier this year, Merck communicated that ProQuad (MMRV) would be unavailable to order for the remainder of 2007. Merck sent out a letter to their customers on December 5, 2007 stating not to expect ProQuad to be available for shipment in 2008, but estimates that it will be back on the market in early 2009. Merck is hoping to return ProQuad to the market as soon as possible with adequate supply and they continue to evaluate opportunities for accelerating the ProQuad timeline. Merck will provide updates as information becomes available.



WIZRD UPDATE

We are excited to announce that in late October 2007 we successfully loaded our first immunization records from Indian Health Service (IHS) into our Statewide Immunization Information System. Electronic immunization records from seven different IHS sites will now be sent and loaded on a weekly basis. Healthcare professionals who currently have access to our Web-based Immunization Registry Database (WIZRD) will now be able to view these records that are shared. If you would like more information on WIZRD, please contact your local county health department.



Answer to Riddle:

I am Pneumonia. During flu season, I join forces with the Great Influenza or other upper-respiratory illnesses to distress your breathing. The American Lung Association knows that my friend and I, together, rank as the seventh leading cause of death in the United States and of that; I account for the majority. Together, we visit the elderly, the very young, and the sick. We are afraid of nothing except vaccine.

Answers to Scrambled Health:

Taunted Tea = Attenuated
A Deviant Tic = Inactivated
Airhead Cyclops = Polysaccharide
A Bent Micron = Recombinant





Regional Immunization

Workshop dates: Mark your calendars!

Missoula – Feb 26, 2008

Miles City – March 5, 2008

Billings – March 6, 2008

Great Falls and Butte not confirmed at date of printing.



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